

**Office of Administration
Commissioner's Office**

Contract Period July 1, 2016 - June 30, 2017

"Request for Preauthorization for Other Services"

Program: Alternatives to Abortion

Contractor: Alliance for Life - Missouri, Inc.

Subcontractor: Alternatives Clinic Harrisonville, Mo

Please enter below the information for each item/service to be purchased. List the date of purchase, item to be purchased, cost for the item, and the justification. Items must be approved **before** purchased/provided to be reimbursed.

Client Name: [REDACTED]

Proposed Purchase Date	Item	Total Cost (include formal estimate from provider of services)	Justification, include other sources of funding that have been attempted
4/28/17	Current Car Payment to Consumer Portfolio Services [REDACTED]	\$265.69	No other sources of funding available for car payments; this is only vehicle for transp. to get to school, wk., Dr. appts, and A to A case mgmt. mtgs. She had to cut back hours at wk. to complete clinicals for nursing school. [REDACTED] was told at school that they added another requirement to her program in order to graduate. So she is now scheduled to graduate in June instead of May. But will be able to search for RN job, when clinicals completes.
Amt to be reimbursed		\$265.69	

Authorized person requesting purchase: Stephanie Surls

Date: 2/2/17

Alliance for Life Program Manager: [Signature]

Approved for purchase: Emily Kraft Date 5/1/17

Purchase denied: _____ Date _____

Reason for denying purchase: _____

BILLING NOTICE**CPS**Consumer Portfolio Services, Inc.
PO BOX 57071, IRVINE CA 92619-7071***** ACCOUNT PAST DUE *****

BILLING SUMMARY	
STATEMENT DATE ▶	4/21/2017
NEXT PAYMENT DATE ▶	4/15/2017
REGULAR MONTHLY PAYMENT ▶	\$265.69
AMOUNT PAST DUE ▶	\$254.55
LATE / SERVICE FEE ▶	\$46.72
TOTAL DUE ON NEXT PAYMENT DATE ▶	\$566.96

PRINCIPAL BALANCE ▶ **\$7,317.53**

Please Call 1-888-469-4520 for your payoff amount. Your payoff amount is different than your principal balance, as the principal balance does not include interest.

CUSTOMER INFORMATION

ACCOUNT NO. ▶ [REDACTED]

BORROWERS ▶ [REDACTED]

COLLATERAL DESCRIPTION ▶ [REDACTED]

Send Regular Payments To:
Please do not send correspondence to this addressConsumer Portfolio Services, Inc.
P O BOX 98763
PHOENIX AZ 85038-0763

Send Payoff or Correspondence To:

Consumer Portfolio Services, Inc.
PO BOX 57071
IRVINE CA 92619-7071

Make Check Payable To: CPS AUTO REC TRUST 2014 - D

A fee of up to \$25.00 will be assessed on all Returned Checks.

Visit us online at www.consumerportfolio.com to:

- Make a payment with your check, debit card or credit card (Additional fee may apply)
- See prior statements
- See your payment history
- Get your payoff
- Change your mailing address
- See Frequently Asked Question

Or Call us at 1-888-469-4520

THIS LETTER IS AN ATTEMPT TO COLLECT A DEBT.
ANY INFORMATION OBTAINED WILL BE USED FOR THAT PURPOSE.
Credit Reporting Disputes: If you believe we reported incorrect or incomplete information about you, write us at:Consumer Portfolio Services, Inc.
Attn: Credit Report Response Team
P.O. Box 57071
Irvine, CA 92619-7071

Please tell us why you believe it is incorrect or incomplete and provide any evidence you may have.

Please see back for additional disclosures.

PAYMENT COUPON**CPS**Consumer Portfolio Services, Inc.
PO BOX 57071, IRVINE CA 92619-7071A fee of up to \$25.00
will be assessed on all
returned checks.

*****MIXED AADC 913



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ACCOUNT NO. ▶	[REDACTED]
REGULAR MONTHLY PAYMENT ▶	\$265.69
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LATE / SERVICE FEE ▶	\$46.72
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